## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT METHODS AND STANDARDS FOR ESTABLISHING PAYMENT FOR ORGAN TRANSPLANT SERVICES AND OUT-OF-STATE EMERGENCY SERVICES

Revision: May 2004

In order to ensure adequate access to organ transplant services and to emergency services for a recipient while outside of the State of Nevada, Nevada Medicaid uses the following general method for payment for professional services related to organ transplant services and out-of-state emergency services:

- 1. Scope: This section is applicable to all professional services rendered by a physician outside of those services provided by the acute care hospital. This includes charges for attendant physicians and post discharge care. Additionally, this applies to all organ search and match services and emergency transportation services.
- 2. Reimbursement: Provider reimbursements under this supplement must conform to the following:
  - a) All providers are reimbursed by default according to Nevada Medicaid instate provider rates as described in Attachment 4.19B of the State Plan.
  - b) If the provider refuses to accept these rates, Nevada Medicaid will negotiate reimbursement at the applicable rate of the provider's home state Medicaid program.
  - c) If the provider refuses to accept the rates in either a) or b) above, Nevada Medicaid will negotiate provider specific reimbursement agreements according to the following criteria:
    - 1) The service must only be available from a limited number of out-ofstate providers. In Nevada Medicaid's judgment, the service provider which is most cost effective will be authorized to provide the service.
    - 2) Reimbursement agreements will be established only for a limited specific set of services applicable under this section and not for all general services the provider may render.
    - 3) Reimbursement agreements will be for a limited duration of time not to exceed two years to ensure the requirements in 1) above are met.
    - 4) Reimbursement agreements may be in the form of a total amount for the entire service (such as for a particular type of transplant), a percentage of billed charges, or a specific fee schedule.
    - 5) Under no circumstances will reimbursement agreements exceed the usual and customary charges of the provider.

TN No.: <u>04-009</u> Approval Date: <u>August 25, 2004</u> Effective Date: <u>04/01/04</u>